

Letter to the Editor

Managing high-risk body-stuffers who swallow the evidence

Sir,

There is evidence that drug-smuggling may cause fatal or almost fatal complications in individuals who rapidly ingest drugs to ‘swallow the evidence’, called ‘body-stuffers’.^{1–3} A recently reported case has highlighted the risk in individuals arrested by police and kept in police stations.¹ The question whether or not such detainees are fit to remain in police custody for hours or days is often asked of forensic, general or emergency physicians.¹

Intimate searches have no role to find evidence of any drug either in vagina nor in rectum, since ‘body-stuffers’ are different from ‘body-packers’ who ingest or conceal in body carefully packaged drugs for international transport.^{4,5} ‘Body-stuffers’ are street drug dealers that swallow quickly their small drug packages at the time of their arrest by police if they cannot throw away their packages. Drugs that are concealed by ‘body-packers’ in order to deliver them to other countries often after a long period of time and which can be detected by several methods such as analysis of urine or radiography of the abdomen and followed by contrast study of the bowel, are a different problem.^{6,7} In contrast, these methods cannot generally be used in emergency settings to take care of a suspected ‘body-stuffer’, also called ‘quick-swallower’. ‘Body-stuffers’ may also be drug misusers and since delay between swallowing and clinical examination needs to be short, drug metabolite concentrations are not consistently detected in urine samples.⁸

In a series of 50 subjects referred to an emergency forensic unit on suspicion of ‘body-stuffing’ drug detection was a sensitive (76%) but non-specific (42%) test for such individuals with 57% of correct classification.⁸ Plain abdominal radiography was of little value since small swallowed packages are not shown by distinct images.⁸ Abdominal radiography was a very poorly sensitive test (33%).⁸ Since this study in 1988, hundreds of ‘body-stuffers’ have been assessed each year in Paris area emergency forensic units. French penal law does not permit treatment without the informed consent of the person detained by the police but most of the drug ‘body-stuffers’ accept treatment when

given information on the potential risk. We use the following protocol to prevent drug acute intoxication in ‘body-stuffers’ examined shortly after ingestion (up to 2 h) if they do not show any altered state of consciousness, a dose of 15 ml ipecacuanha syrup is given with 200 ml water, repeated once if necessary.⁹ This method causes vomiting within 30 minutes of taking ipecacuanha in 47 out of 50 patients and recovery of packages after vomiting in 21 of those (1–13 packages, mean of three).⁸ These results are similar to those recently published by a German team excepted a higher percentage of successful results (64.8% vs 44.6%) unless ipecacuanha induced vomiting was obtained in 94% of our patients. This simple method provides evidence for police as well as safety for the ‘body-stuffer’ since the treatment is not given in an Institute of Legal Medicine, but in an hospital emergency setting, by an experienced clinical forensic physician.¹⁰ In our practice, after vomiting has been induced, a ‘body-stuffer’ is kept two more hours in the emergency setting, allowing some further vomiting and detection of lapses of consciousness afterwards. This method allows an accurate follow-up of drug ‘body-stuffers’ in the first hours after their arrest, giving enough arguments to the clinical forensic physician for its decision to send or not to send the patient back to a police station without risk for patients’s health. Last but not least, the validity of our past conclusions are assessed by recently published German study by Püschel and Bachmann.¹⁰

References

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